

JANESVILLE POLICE DEPARTMENT
HOME SECURITY CHECK

Name _____ Case No. _____

Address _____

Leaving _____ Returning _____

Keyholder _____ Phone _____

Address _____

Will anyone be going in house? Yes ___ No ___

Name _____ Phone _____

Address _____

Do you have timers on lights? Yes ___ No ___

Time on _____ Time off _____

Number you may be reached at in case of emergency _____